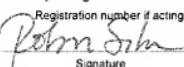


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)
FY 2006		061807-5000-US01
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		
Application Number	10/693,252 Filed October 24, 2003	
For FUNCTIONAL MRI AGENTS FOR CANCER IMAGING		
Art Unit	1616	Examiner HARTLEY, Michael G. Confirmation No. 9088
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropriate non-small-entity fee are as follows (check time period desired and enter the appropriate fee below):		
	Fee	Small Entity Fee
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60 \$_____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$225
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$_____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$_____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0310 . I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee or record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 38,304		
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.		
Registration number if acting under 37 CFR 1.34 38,304		
 ROBIN M. SILVA		
_____ Typed or printed name		
2/6/07 Date		
415-442-1000 Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> *Total of _____ form is submitted.		

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application for a trademark or service mark registered by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and confirming the completion of the application to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you need to complete this form and/or suggestions for reducing time may be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.